



UTAH BOATING ACCIDENT OWNER/OPERATOR REPORT

C G No _____

Case No. _____

An operator shall immediately and by the quickest means of communication available notify the nearest state park ranger or other law enforcement officer of an accident that involves a vessel or its equipment when one of the following occurs: a person dies or disappears from a vessel under circumstances that indicate death; a person is injured and receives medical treatment beyond first aid; or property is damaged in excess of \$2 000. If the operator cannot provide this notification, then another person on board shall make the notification. The operator, owner, or other person on board shall submit a completed and signed Owner/Operator Boating Accident Report (PR-53A) to the Division of Parks & Recreation, 1594 West North Temple, (PO Box 146001), Salt Lake City, UT 84114, within 10 days of the accident. (Utah Administrative Code R651-223-1 to 3)

OPERATOR DATACHECK ONE → ☐ Operator ☐ Owner/Operator☐ Male
☐ Female

Name _____ (last) (first) (MI) DOB ____/____/____ Drivers license # _____ Wk. Phone _____

Address _____ City _____ State _____ Zip _____ Hm. Phone _____

YOUR EXPERIENCE**THIS BOAT**☐ Under 20 hours ☐ 100 to 500 hours
☐ 20 to 100 hours ☐ Over 500 hours**OTHER BOATS**☐ Under 20 hours ☐ 100 to 500 hours
☐ 20 to 100 hours ☐ Over 500 hours**YOUR TRAINING**☐ None ☐ US Power Squadron ☐ American Red Cross
☐ USCG Auxiliary
☐ Utah Course ☐ Other _____**OTHERS**CHECK ONE → ☐ Owner ☐ Witness ☐ Deceased ☐ Injured (list injury) _____ Injury means: required medical attention, unconscious or incapacitated over 24 hours☐ Male
☐ Female

Name _____ (last) (first) (MI) DOB ____/____/____ Drivers license # _____ Wk. Phone _____

Address _____ City _____ State _____ Zip _____ Hm. Phone _____

OTHERSCHECK ONE → ☐ Operator-other boat ☐ Witness ☐ Deceased ☐ Injured (list injury) _____☐ Male
☐ Female

Name _____ (last) (first) (MI) DOB ____/____/____ Drivers license # _____ Wk. Phone _____

Address _____ City _____ State _____ Zip _____ Hm. Phone _____

OTHERSCHECK ONE → ☐ Owner-other boat ☐ Witness ☐ Deceased ☐ Injured (list injury) _____☐ Male
☐ Female

Name _____ (last) (first) (MI) DOB ____/____/____ Drivers license # _____ Wk. Phone _____

Address _____ City _____ State _____ Zip _____ Hm. Phone _____

BOAT INFO

Make _____ Model _____ Year _____ Length _____ Width _____

Bow # _____ Reg decal # _____ Expires ____/____/____ HIN _____

BOAT TYPE
☐ Open motorboat ☐ Sail (only)
☐ Cabin motorboat ☐ Rowboat
☐ Personal watercraft ☐ Canoe
☐ Auxiliary sail
☐ Other _____**MATERIAL**
☐ Wood ☐ Steel
☐ Aluminum ☐ Rubber/Vinyl
☐ Fiberglass
☐ Other _____**DRIVE UNIT**
☐ Outboard ☐ Jet
☐ Inboard ☐ Airboat
☐ I/O
☐ Other _____**ENGINE**
☐ Single
☐ Twin
Total horsepower _____
List _____**FUEL**
☐ Gas
☐ Diesel**DATA**
☐ Owned
☐ Borrowed
☐ RentedOccurrence date ____/____/____ Occurrence time ____:____ ☐ AM ☐ PM Area _____ (lake/reservoir)

Location _____ (on the water) Nearest city/town _____ County _____

CONDITIONS**WEATHER**
☐ Clear
☐ Cloudy
☐ Rain
☐ Snow
☐ Haze
☐ Fog
WIND
☐ None
☐ Light (0-6 mph)
☐ Moderate (7-14 mph)
☐ Strong (15-20 mph)
☐ Storm (> 25 mph)**TEMPERATURE** Air _____ (estimated)
Water _____**VISIBILITY**
☐ Good
☐ Fair
☐ Poor
☐ Zero
WATER
☐ Calm (waves < 6")
☐ Choppy (waves 6"-2')
☐ Rough (waves 2'-6")
☐ Very rough (> 6')
☐ Strong current**PFDs**Adequate number? ☐ Yes ☐ No
Accessible? ☐ Yes ☐ No
Serviceable? ☐ Yes ☐ No
Proper size? ☐ Yes ☐ No
Were they used? ☐ Yes ☐ No**FIRE
EXT**Used? ☐ Yes ☐ No
Type _____**SAFETY CHECK**Has your boat had a safety examination? ☐ Yes ☐ No
This year? ☐ Yes ☐ NoExamined by? ☐ State
☐ USCG Auxiliary
☐ US Power Squadrons
☐ Other*

*List _____

PROPERTY DAMAGE

This boat \$ _____ Describe Damage _____
 Other boat \$ _____
 Other property \$ _____

OPERATION BEFORE THE ACCIDENT (Check all applicable)

- ☐ Cruising
- ☐ Maneuvering
- ☐ Approaching dock
- ☐ Leaving dock
- ☐ Towing
- ☐ Being towed
- ☐ At anchor
- ☐ Tied to dock
- ☐ Fueling
- ☐ Racing
- ☐ Fishing
- ☐ Hunting
- ☐ Swimming/Skin diving
- ☐ Commercial activity
- ☐ Other*

*List _____

TYPE OF ACCIDENT

- ☐ Grounding
- ☐ Capsizing
- ☐ Flooding
- ☐ Sinking
- ☐ Fire or Explosion (fuel)
- ☐ Fire or Explosion (other than fuel)
- ☐ Collision with vessel
- ☐ Collision with fixed object
- ☐ Collision with floating object
- ☐ Falls overboard
- ☐ Falls in boat
- ☐ Hit by boat or propeller
- ☐ Injured skier/person being towed
- ☐ Other*

*List _____

WHAT CAUSED THE ACCIDENT? (In your opinion) (Check all applicable)

- ☐ Weather
- ☐ Excessive speed
- ☐ No proper lookout
- ☐ Overloading
- ☐ Improper loading
- ☐ Restricted vision
- ☐ Hazardous waters
- ☐ Operator inexperience
- ☐ Operator inattention
- ☐ Alcohol/Drug use
- ☐ Fault of machinery
- ☐ Fault of equipment
- ☐ Other person's fault
- ☐ Other*

*List _____

ACCIDENT DESCRIPTION (Describe and diagram what happened - use additional paper if necessary)

REPORT BY

CHECK ONE → ☐ Operator ☐ Owner/Operator

Signature _____ Wk. Phone _____ Date _____
 _____ Hm. Phone _____ Submitted ____/____/____

Was accident investigated? ☐ Yes* ☐ No *Agency _____ *Officer _____